What Makes a Leader: Identifying the Strengths of Canadian Physical Therapists

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ABSTRACT

Purpose: To identify the personal strengths of Canadian physical therapists who hold leadership positions and compare them with the strengths of Canadian physical therapists who do not occupy positions of leadership. **Methods:** A quantitative, cross-sectional online survey was distributed to registered Canadian physical therapists. We used the Clifton StrengthsFinder to evaluate 34 characteristics and determine which characteristics described a participant's strengths. Population demographics and leadership strengths were described via frequency distributions and percentages; chi-square analyses and Fisher's exact tests were used to compare differences between groups. **Results:** Of 173 physical therapists who completed the survey, 108 occupied a position of leadership, and 65 did not. Those in the leader group had significantly more experience and achieved a higher level of education. Leaders most frequently exhibited the strengths of learner, achiever, responsibility, input, and strategic, whereas non-leaders most frequently displayed strengths of learner, achiever, input, relator, and harmony. Leaders were significantly more likely than non-leaders to possess the achiever strength. Gender, level of education, and years of experience did not significantly influence which strengths were present in the leadership profile. **Conclusions:** There is substantial overlap between leaders and non-leaders in terms of leadership profiles. Future research should investigate whether leadership strengths vary depending on the leadership position occupied and whether leadership development initiatives promote leadership strengths.

Key Words: leadership; personality; survey.

RÉSUMÉ

Objectif : Identifier les points forts de physiothérapeutes canadiens qui détiennent un poste de leadership et les comparer aux forces des physiothérapeutes canadiens qui n'occupent pas un poste de leadership. **Méthodes :** Un sondage quantitatif et transversal en ligne a été effectué auprès de physiothérapeutes canadiens autorisés. Le test StrengthsFinder de Clifton a évalué 34 caractéristiques afin de déterminer celles qui décrivent les points forts d'un participant. Les caractéristiques démographiques de la population et les forces de leadership ont été décrites par des pourcentages et la répartition des fréquences; des analyses du chi carré et les tests exacts de Fisher ont été utilisés pour comparer les différences entre les groupes. **Résultats :** Des 173 physiothérapeutes qui ont répondu au sondage, 108 occupaient un poste de leadership et 65 n'occupaient pas un poste de leadership. Les physiothérapeutes du groupe des leaders avaient considérablement plus d'expérience et avaient atteint un niveau de scolarité plus élevé. Les leaders ont manifesté dans la plupart des cas les points forts *studieux, réalisateur, responsabilité, input* et *stratégique*, tandis que les non-leaders ont manifesté les points forts *studieux, réalisateur, input, relationnel* et *harmonie*. Les leaders étaient considérablement plus susceptibles que les non-leaders à avoir le point fort *réalisateur*. Le sexe, le niveau de scolarité et les années d'expérience n'ont pas eu une incidence importante sur les points forts présents dans le profil de leadership. **Conclusions :** Il y a de nombreux chevauchements entre les profils de leadership des leaders et ceux des non-leaders. Des recherches futures devraient chercher à déterminer si les forces de leadership varient en fonction du poste de leadership occupé et si les initiatives de développement du leadership favorisent les forces de leadership.

Leadership is a key competency in the physical therapy profession, affecting the Expert, Manager, and Advocate roles of the *Essential Competency Profile for Physiotherapists in Canada*.¹ With an aging population increasing the demand for health care services while legislative

recommendations impose fiscal restraint, the delivery of health care in Canada continues to experience resource limitations.^{2,3} This socio-economic climate necessitates strong leaders who can think innovatively and spearhead the changes needed to maximize the health of Canadians.

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Leaders are people who can guide others to achieve a desired goal^{4,5} and demonstrate the ability to augment productivity, create sustainable change, and inspire others to engage in professional development.⁶ In the health care field, the study of leadership benefits practitioners and patients alike because it encourages health care professionals to create and direct positive change in a constantly evolving economic climate while ultimately ensuring patients receive best-practice care.

Contemporary research in medicine and nursing has extensively explored leadership as a medium for improving the quality and efficiency of health care delivery.^{7,8} Emotional intelligence, communication skills, and vision, among other factors, consistently surface as key to effective leadership in the health care sector.^{9–14} This information is valuable for those who aspire to formal leadership positions in the health care system.

Although professional development and leadership training opportunities have been a focus of attention in various health professions,⁵ research in the field of physical therapy has been limited, with only three studies published to date.^{15–17} Interestingly, these studies identified a different set of key factors from those reported in the nursing and medical literature. A U.S. study surveying physical therapy managers identified communication, delegation, supervision, health care industry scanning, and knowledge of reimbursement sources as the most important characteristics required by new graduates in the categories of leadership, administration, management, and professionalism.¹⁵ A Canadian perspective revealed that physical therapists perceive communication, professionalism, and credibility as the most important characteristics required for leadership.¹⁶ Subsequent analyses uncovered that the perceived importance of leadership characteristics attenuated from the immediate workplace setting to a societal level, where *society* referred to the global environment in which the community functions.¹⁷

To our knowledge, no study to date has objectively examined the personal strengths of physical therapists in positions of leadership—an understanding of which is needed to help direct the development of leadership curricula, raise self-awareness, and promote professional growth. The purpose of our study, therefore, was to identify the personal strengths that constitute the leadership profile of Canadian physical therapists. Our primary objective was to describe the leadership profile of a self-selected sample of physical therapists in Canada. A secondary objective was to determine whether Canadian physical therapists in leadership positions possess different strengths in their leadership profile than those not in leadership positions. A third objective was to determine whether strengths are influenced by gender, years of experience, or level of education.

METHODS

Study design

Our quantitative, cross-sectional survey study used two online questionnaires. General recruitment was achieved via an email blast administered through the Canadian Physiotherapy Association (CPA) to all current, non-student members. Leaders were further targeted by selectively emailing the physical therapy departments of Canadian universities, health institutions, previous recipients of CPA leadership awards, and members of CPA and provincial physiotherapy association boards and divisions. Interested individuals contacted the research team and were given a demographic questionnaire to assess eligibility. Those who had a valid licence to practise and at least 5 years' professional experience were provided with an electronic link and access code for the Clifton StrengthsFinder (CSF; Gallup Organization, Princeton, NJ). Data were collected over 4 months, from January 16 to May 21, 2014. The study was approved by the Ethics Review Board at the University of Toronto (protocol no. 29570).

Participants first completed a demographic questionnaire that elicited biographical data and determined whether the participant occupied a position of leadership, as defined by criteria rooted in the literature. The CSF was then used to objectively assess the extent to which participants exhibited various personality characteristics. A person's affinity for certain characteristics, as calculated by the CSF, determines his or her personal strengths.

Clifton StrengthsFinder

No objective measures of leadership exist in the available literature and, indeed, the term *leadership* can be interpreted in a variety of ways, as is evident in the wide range of leadership styles, theories, and behaviours.^{18–20} We selected the CSF as our measurement tool because it connects closely to leadership, given its ability to identify the characteristics that constitute an individual's personal strengths.²¹ Although the CSF does not directly measure leadership, the characteristics it identifies (e.g., empathy) correlate with characteristics of leadership reported in the literature (e.g., emotional intelligence),⁹ which supports its utility as an objective measurement. The CSF has demonstrated internal consistency and test-retest reliability in several random samples, including a nationally representative, probability-based panel of U.S. households.²¹ It has also been applied across a variety of populations, including financial executives, health care professionals, business managers, educators, and students.²² It has also been used in an academic health care context, specifically in the development of the University of Minnesota College of Pharmacy leadership curriculum.²³

Composed of 177 items, the CSF is an electronic self-assessment tool that identifies personal strengths by asking participants to select which of a set of descriptive statements they most relate to.²¹ On completing the CSF, participants receive a Signature Themes Report that ranks their top five strengths. In the current study, the compilation of strengths in this report was referred to as the participant's *leadership profile*.

Eligibility criteria and recruitment

All Canadian physical therapists with a current licence, a valid email address in CPA's database, and at least 5 years' experience were eligible to participate in the study. For the purposes of the study, we defined as *leaders* those who held at least one of the following positions: academic lecturer, assistant or associate professor or full professor; present or past board member of a professional physical therapy association (e.g., CPA or provincial board); member of division executive committee; recipient of leadership award from CPA or a provincial board (e.g., Enid Graham Memorial Lecture Award, International Health Award, Mentorship Award, Clinical Education Award); professional practice leader; or administrative or managerial position at the director, manager, or vice president level. Participants who met the eligibility criteria but did not hold any of these positions were defined as *non-leaders*. Our use of these terms does not refer to or indicate participants' possession of leadership qualities; rather, it identifies whether or not a participant held a formal position of leadership.

The recruitment email asked interested individuals to complete a brief demographic questionnaire; a member of the research team screened responses for inclusion criteria. The demographic questionnaire was piloted with faculty from the Department of Physical Therapy, University of Toronto, to ensure clarity of the questionnaire items. The questionnaire explicitly stated that completing the questionnaire implied consent to participate in the study.

Information from the demographic questionnaire was also used to classify participants as leaders or non-leaders. After categorizing eligible participants, we provided them with the hyperlink and access code required to complete the CSF.

Sample size

Because of the novelty of our study, there was no pre-established effect size for our objective measure. We therefore consulted academic leaders who had been recognized by their colleagues with a formal leadership award to establish an effect size, which was defined as 20%. This effect size was chosen because the consulted leaders felt that a difference of 20% in the possession of a characteristic between groups was significant. To achieve 80% power with an effect size of 20%, with unknown proportions and with $\alpha = 0.05$ and $\beta = 0.20$, we estimated that the maximum sample size required

was 214 participants (107 per group) because our statistical measure requires a two-sided test.²⁴

Data collection

We administered both the demographic questionnaire and the CSF survey using a modified Dillman approach, sending email reminders 2 weeks, 4 weeks, 8 weeks, and 10 weeks after the initial invitation to encourage participation. The CSF, which is Web-based and managed by the Gallup Strengths Center, was available to participants 24 hours a day, 7 days a week, once they had the access code.

Statistical analysis

One member of the research team was responsible for data entry, which a second team member reviewed to ensure accuracy. Results were manually entered into an Excel spreadsheet (Microsoft Corp., Redmond, WA) and imported into IBM SPSS Statistics, version 21.0 (IBM, Armonk, NY), for analysis; significance was set at $p < 0.05$. Participants' data were coded numerically for completed questionnaire and surveys. There were no missing data for those participants included in the study.

To address our primary objective, we coded the leadership strengths of each participant in the two groups (leaders and non-leaders) and calculated the frequency of each strength to determine the five most prevalent strengths in the leader group and in the non-leader group. We then used chi-square analyses to determine whether a significant difference in profile existed between leaders and non-leaders (objective 2). Our third objective was evaluated by using Fisher's exact test to determine whether gender, years of experience, or level of education influenced the strengths in the leadership profile of the leader subgroup. We used this approach because subgroup analyses yielded smaller sample sizes in the comparison groups. The variables tested, coded as binary, were gender (male vs. female), level of education (graduate degree vs. undergraduate degree), and years of experience (5–12 years vs. >12 years; we chose this cut-point because 12 years has been suggested as the length of experience required to become a clinical expert²⁵).

RESULTS

Determining an exact response rate was impossible because of the addition of a selective recruitment strategy and because CPA members may have had multiple email addresses (e.g., work and personal) or forwarded the recruitment email to other therapists. Our recruitment efforts yielded a total of 422 people interested in participating in the study; of these, 249 were excluded for various reasons, resulting in a total sample size of 173 (108 leaders, 65 non-leaders; see Figure 1). The funding available restricted our sample size to a maximum of 107 per group, determined on a first-come, first-served basis; to account for potential participant dropout, we issued CSF access codes to 137 of the 229 leaders who

Figure 1 Participant flowchart.
CSF = Clifton StrengthsFinder.

expressed interest in participating, and recorded data for the first 108 respondents, as 2 participants completed the CSF at the same time. The size of the non-leader group was not restricted because only 65 individuals who expressed interest in the study met the inclusion criteria.

Demographic profile of identified leaders and non-leaders

We used frequency analysis to determine the demographic profiles of leaders and non-leaders from their demographic survey information (summarized in Table 1). Respondents were predominantly female; their ages ranged from 28 to 66 years. Eleven of Canada's provinces and territories were represented in the sample; a strong majority of respondents were practising in Ontario at the time of the survey. More than 70% of respondents reported a bachelor's or master's degree as their highest level of education. Leaders occupied a range of leadership positions; there was strong representation from academics (57%) and board members (50%).

Level of experience differed significantly between the two groups: 76% of leaders had more than 12 years of experience compared with 54% of non-leaders. The overall leadership profiles for leaders and non-leaders represented the five most frequent strengths in each group as evaluated by the CSF (see Table 2). For both groups, learner was the most frequent characteristic; achiever and input were also found in the leadership profiles of both groups, although achiever featured much more prominently in the leader group. Significantly more leaders than non-leaders exhibited the achiever characteristic (49% vs. 32%, $p = 0.031$; see Table 3).

Potential influencing factors

Within the leader group, the achiever strength was more frequent among female participants ($p = 0.08$), the remaining strengths did not vary by gender (see Table 4). We found no significant differences for any of the strengths according to years of experience or highest level of education attained (see Table 4).

Table 1 Demographic Characteristics of Leaders and Non-leaders

Characteristic	No. (%) of respondents*	
	Leaders (n = 108)	Non-leaders (n = 65)
Sex		
Male	20 (18)	11 (17)
Female	88 (82)	54 (83)
Age, y, mean (SD)	45 (10.1)	42 (9.2)
Geographic location		
Alberta	7 (6)	6 (8)
British Columbia	16 (15)	12 (18)
Manitoba	7 (6)	1 (2)
New Brunswick	3 (3)	0 (0)
Newfoundland & Labrador	3 (3)	1 (2)
Northwest Territories	0 (0)	0 (0)
Nova Scotia	9 (8)	6 (9)
Nunavut	0 (0)	0 (0)
Ontario	49 (45)	33 (51)
Prince Edward Island	0 (0)	1 (2)
Quebec	2 (2)	2 (3)
Saskatchewan	10 (9)	3 (5)
Yukon	2 (2)	0 (0)
Entry-level PT qualification		
Certificate	10 (9)	3 (5)
Bachelor's degree	79 (73)	44 (67)
Master's degree	13 (12)	18 (28)
Other	6 (6)	0 (0)
Highest PT qualification		
Certificate	3 (3)	1 (2)
Bachelor's degree	38 (35)	33 (51)
Entry-level master's degree	9 (8)	17 (26)
Applied or research master's degree	37 (34)	14 (21)
Doctoral degree	19 (18)	0 (0)
Other	2 (2)	0 (0)
Years of experience		
5–12	26 (24)	30 (45)
>12	82 (76)	35 (54)
Primary work environment		
Homecare	3 (3)	5 (8)
Private practice	22 (21)	14 (22)
Acute care or rehabilitation hospital	34 (31)	27 (42)
Academic institution	26 (24)	1 (2)
Long-term care or complex continuing care	2 (2)	4 (6)
Other	21 (19)	14 (21)
Leadership criteria		
Formal recognition (award)	40 (37)	—
Academic	62 (57)	—
Board member	54 (50)	—
CPA executive/board member	34 (32)	—
Professional practice leader	33 (31)	—
Managerial position	45 (42)	—
Formal leadership position not specified above	27 (25)	—
Other	24 (22)	—

* Unless otherwise indicated.

Note: Percentages may not total 100% because of rounding.

PT = physiotherapy; CPA = Canadian Physiotherapy Association.

Table 2 Leadership Profiles of Leaders and Non-leaders: Strengths in Order of Frequency

No. (%) of respondents	
Leaders (n = 108)	Non-leaders (n = 65)
Learner: 62 (57)	Learner: 29 (45)
Achiever: 53 (49)	Relator: 25 (39)
Responsibility: 39 (36)	Input: 21 (32)
Input: 32 (30)	Achiever: 21 (32)
Strategic: 30 (28)	Harmony: 21 (32)

Table 3 Differences in Leadership Profiles between Leaders and Non-leaders

Strength	No. (%) of respondents		p-value
	Leaders (n = 108)	Non-leaders (n = 65)	
Learner	62 (57)	29 (45)	0.10
Achiever	53 (49)	21 (32)	0.031*
Responsibility	39 (36)	17 (26)	0.18
Input	32 (30)	21 (32)	0.71
Strategic	30 (28)	16 (25)	0.65

* Significant at $p < 0.05$.

strengths that constitute their leadership profiles, although strengths appeared at different frequencies; (2) leaders were significantly more likely than non-leaders to possess the achiever strength; and (3) gender, years of experience, and level of education did not significantly influence strengths in the leadership profile.

A total of 422 physical therapists expressed interest in the study; the final sample of 173 participants represented all Canadian jurisdictions except Nunavut and the Northwest Territories (see Figure 1). The geographic and gender distribution of participants is representative of Canadian physical therapists,²⁶ meaning that our findings can be generalized across Canada. Most participants (70%) entered practice with a bachelor's degree; a higher proportion of non-leaders completed a master's degree (28%) as their entry-level qualification, which may reflect the recent evolution to an entry-level master's degree in Canadian physical therapy curricula. Leaders had higher levels of education: Doctoral degrees were exclusive to this group (18% vs. 0% for non-leaders), and 34% held an applied or research master's degree (vs. 21% in the non-leader group). Similarly, a previous study of Canadian physical therapists found that 4% of self-declared leaders held a doctoral degree and 27% held a master's degree as their highest qualification.¹⁶

The majority of leaders satisfied several leadership criteria, occupying multiple positions of leadership; just 16% held only one leadership position. Leaders most often identified as academics (57%) or board members (50%); 42% held a managerial position. These findings

DISCUSSION

Our study is the first to explore and detail the strengths of Canadian physical therapy leaders and non-leaders. Our key findings are that (1) there is substantial overlap between leaders and non-leaders in terms of the

Table 4 Association between the Leadership Profile Strengths of Leaders According to Gender, Years of Experience, and Level of Education

Variable	Leadership profile strengths, no. (%) of respondents				
	Learner	Achiever	Responsibility	Input	Strategic
Gender					
Male (<i>n</i> = 20)	13 (65)	6 (30)	5 (25)	3 (15)	5 (25)
Female (<i>n</i> = 88)	49 (56)	47 (53)	34 (39)	29 (33)	25 (28)
<i>p</i> -value	0.62	0.08	0.31	0.17	1.00
Years of experience					
5–12 y (<i>n</i> = 26)	15 (58)	12 (46)	9 (35)	9 (35)	4 (15)
>12 y (<i>n</i> = 82)	47 (58)	41 (50)	30 (37)	23 (28)	26 (32)
<i>p</i> -value	1.00	0.82	1.00	0.62	0.14
Level of education					
Certificate / bachelor's degree (<i>n</i> = 42)	22 (52)	20 (48)	16 (38)	10 (24)	10 (24)
Graduate degree (<i>n</i> = 66)	40 (60)	33 (50)	23 (25)	22 (33)	20 (30)
<i>p</i> -value	0.84	1.00	0.66	0.43	0.66

may suggest that leaders seek multiple avenues for professional growth or that their leadership positions provide social networks and opportunities conducive to further leadership development.

Our chi-square analysis comparing the leadership profiles of leaders and non-leaders revealed a significant difference in frequency of the achiever strength (49% of leaders vs. 32% of non-leaders, $p = 0.031$). The CSF defines an achiever as “one with a constant drive for accomplishing tasks”; more people in leadership roles may possess this strength given the expectation within their role to adopt a visionary stance and lead others towards successfully accomplishing the tasks necessary to realize that vision.²⁷ In contrast, individuals who express the achiever strength may be more likely to pursue or succeed in leadership roles. A strong desire for accomplishment may further promote leadership growth by motivating leaders to succeed in complex situations. The learner strength was strongly represented in the profiles of both groups (57% of leaders, 45% of non-leaders), which may highlight the importance of self-directed learning to professional sustainability, irrespective of leadership status. Non-leaders displayed harmony and relator strengths, which are important to developing positive interpersonal relationships; it is reasonable to assume that these strengths are associated with a greater time commitment to clinical contact, explaining their prominence in the non-leader group.

It is important to note that the two groups' profiles have three of the five strengths in common (out of a total pool of 34 characteristics), which suggests consistency in the strengths required to be a successful physical therapist, regardless of job position or area of practice. The substantial overlap between leaders and non-leaders may also be explained by the fact that because being a physical therapist is a professional role in itself, members of the profession are likely to display leadership strengths, irrespective of position.

The leadership profile of the leader group was more consistent across group members than that of the non-leader group, as illustrated by the frequency of the two most prevalent strengths—learner (57%) and achiever (49%). A previous study exploring which characteristics Canadian physical therapists perceive to be extremely important for leadership found similar trends of professional consistency with respect to the top five characteristics required for leadership in the health care system, whose frequencies ranged from 44% to 68%.¹⁶ The difference in group consensus between the top two characteristics in our study (57% and 49%) compared with Desveaux and colleagues' study¹⁶ (68% and 60%) may underscore the extent to which perception and possession of leadership characteristics differ. Studies demonstrating the disconnect between self-reported and objective measures have exhibited an analogous disparity.^{28–31}

Although the strengths identified in our study do not align directly with those perceived to be important by Canadian physical therapists,¹⁶ certain parallels can be drawn. Whereas communication, credibility, and professionalism were perceived to be the most important strengths required by physical therapy leaders,¹⁶ our study found that the predominant strengths of physical therapy leaders were learner, achiever, responsibility, input, and strategic. Note that although communication is an available strength in the CSF, credibility and professionalism are not; as defined by Desveaux and colleagues,¹⁶ credibility and professionalism are most closely related to the CSF strengths significance and self-assurance, respectively.²¹ The responsibility strength, defined as “one who inexplicably must follow through on commitments,”²¹ requires a certain degree of professionalism and credibility. In addition, the strategic strength, which relates to the ability to see clearly in complex situations, requires excellent communication skills to relay one's plan of action. Coupled with Desveaux and colleagues'¹⁶ research, our findings are valuable for

shaping leadership curricula, because understanding the leadership profile of leaders helps identify areas for improvement in aspiring leaders and sheds light on physical therapists' unique contributions to the health care team.

Previous research identified gender as a factor that can influence leadership behaviour,³² but no significant gender-based differences emerged in our study, which may reflect the closing gap in competitiveness exhibited by each gender that has occurred over the past 30 years.³² As a result of changing social practices, male leaders are embracing more relational styles of leadership,³² and the implementation of political movements toward gender equality has encouraged more competitive behaviour among women in workplace settings.³³ Because our study included a small sample of male leaders, these results should be interpreted with caution. Future research should include an equal number of male and female participants to further examine this relationship.

Unlike other studies, our analysis found that years of clinical experience²⁵ and level of education³⁴ did not influence leadership strengths. We can infer from this that strengths are inherent and remain consistent over time; alternatively, however, this finding may reflect the fact that the profession attracts people with these strengths or that continuing education transfers these skills as more experienced clinicians mentor their novice colleagues.

An interesting commonality emerged between leaders with 5–12 years' experience and those with more than 12 years' experience, who showed no significant difference in the strategic strength. There is substantial overlap between the definition of the strategic strength (the ability to quickly spot the relevant patterns and issues) and the concept of clinical reasoning, which includes gathering and evaluating information to make sound decisions about patient care. As clinical reasoning skills develop over years of continuous professional practice,³⁵ one might expect the strategic strength to develop in parallel; our results suggest, however, that the ability to quickly identify patterns and issues may be inherent to the individual, whereas the knowledge acquired through professional experience fosters clinical reasoning. These findings align with the inference that a person's top five strengths do not change over time. Although level of education did not significantly affect the strengths in the leadership profile, this may be an artifact of recent changes to entry-level curricula and should be reexamined as recent graduates advance in the profession.

LIMITATIONS

Our study's limitations relate to the study design and to the response bias associated with online surveys. Although participants were sorted into groups by the research team, they self-reported their leadership affilia-

tions and were not obligated to provide verification; therefore, some respondents may have been misidentified as leaders. Likewise, leadership status was determined on the basis of job position, which may have led to misclassification of participants, particularly given our liberal definition of leadership positions as including administrative roles. Still, because there is no ideal or universally accepted method of classifying a leader, our approach of categorizing participants on the basis of position held was required to measure leadership objectively, based on the rationale that those in leadership positions likely had to exhibit leadership behaviours to secure their position. Our findings showing similar strengths between those in leadership positions and those who did not occupy formal positions suggest that defining a leader according to his or her position or title may not be an accurate strategy.

Although we could not calculate an exact response rate because we recruited participants through multiple avenues, thus introducing potential overlap, the demographics of our participant sample do reflect those of Canadian physical therapists in general. The low response rate among non-leaders may be explained by the use of a general recruitment email, because those who occupy a position of leadership or who are interested in leadership are more likely to respond to a leadership study. This introduces a potential for response bias and may explain the small size of our non-leader group, which likely limited our ability to detect significant differences between groups.

Last, several interested leaders ($n = 92$) were excluded from the sample after the leader group reached our maximum sample size. Because no analysis compared the demographic profiles of leaders who submitted their surveys early with those of leaders who were excluded, our first-come, first-serve strategy may limit the generalizability of our results.

CONCLUSION

Leadership profiles do not differ significantly between physical therapists who occupy positions of leadership and those who do not. Years of experience, level of education, and gender do not appear to affect leadership strengths, although a larger sample size is necessary to achieve the required statistical power. Future research is essential to determine whether leadership strengths vary on the basis of the specific leadership position occupied and whether professional leadership development initiatives are effective in promoting leadership strengths.

KEY MESSAGES

What is already known on this topic

Canadian physical therapists perceive communication, professionalism, and credibility as important characteristics for leadership in the workplace, in the health care system, and in society.

What this study adds

This study identified the strengths of physical therapists in Canada and allows for the comparison and contrast of profiles between those who hold leadership positions in the profession and those who do not. By objectively measuring personal strengths, the study provides insight into the strengths that Canadian physical therapists possess, which can shape leadership development initiatives and guide future research on this topic.

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